

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

06007 116

## 1. PLACE OF DEATH

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 wks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 200 Northgate St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

William Wesley Bayne

## 3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Emma Becker

7. Birth date of deceased (mo., day, yr.)

Sept 12 1873

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

71825

hrs.

min.

9. Birthplace

Wrentham, MA  
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

FATHER

12. Name

Levin Parker

MOTHER

13. Birthplace

Maryland

14. Maiden name

Rachel Bayne

15. Birthplace

Maryland

16. Informant

Address

17.

Burial  
(Burial, cremation, or removal. Which?)

Date thereof

12 June 1945  
(month) (day) (year)

Cemetery or crematory

Camden Edge Mt

Location

Cambridge, Md.

18. Funeral director

Levin H. Bayne

Address

Cambridge, Md.

19.

June 11 - 1945  
(Date rec'd by registrar)John Massie  
Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 9 1945 at 4:40 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 14 1945 to June 9 1945and that I last saw him alive on June 4 1945

Immediate cause of death

Pulmonary edema  
secondary to  
coronary thrombosis  
Due to coronary thrombosis

DURATION

5 days4 hrs6 min

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Conrad M. St. Clair, M.D.

M. D. or other

Address

1000 Northgate St.

Date signed

6-11-45

RECEIVED

JUN 12 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

06008

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? —

Hospital, institution, or street address where death occurred:

Gay St.How long in hospital or institution? —

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. Gay St.  
(If rural, give LOCATION)2.(a) If veteran, name war —

## 3. (a) FULL NAME

Noble F. Bradshaw

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Daisey Hurley6.(c) If alive, give age 64 years

7. Birth date of

deceased (mo., day, yr.)

Oct. 18, 1896. 1876

8. AGE:

Years

Months

Days

If less than one day

68722

hrs.

mo.

9. Birthplace

Drawbridge, Dor. Co., Md.

(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

Retired

FATHER

12. Name

Joseph F. Bradshaw

13. Birthplace

Maryland.

MOTHER

14. Maiden name

Sarah Willey

15. Birthplace

Maryland.

16. Informant

Mrs. Daisey H. Bradshaw

Address

Gay St., Cambridge, Maryland.

17.

Burial  
(Burial, cremation, or removal. Which?)

Date thereof

June 12, 1945.  
(month) (day) (year)

Cemetery or crematory

East New Market Cemetery

Location

East New Market, Maryland.

18. Funeral director

LeCompte's Funeral Service

Address

Cambridge, Maryland.

19.

Date rec'd by registrar

June 12- 19 45

Registrar

23. SIGNATURE

John Mass B. Md. Cambridge Md.

M. D. or other

Date signed

## MEDICAL CERTIFICATION

20. DATE OF DEATH

June 10, 1945, 11:20AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 3, 1945, to June 10, 1945  
and that I last saw him alive on June 9th, 1945

Immediate cause of death

Wrenia

DURATION

2 days

Due to

Myocardial infarction  
with auricular fibrillation  
General arteriosclerosis5 mos.

Due to

10 yrs.

Other conditions

Acute arthritis of spine  
Secondary aneurysm  
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John Mass B. Md. Cambridge Md.

M. D. or other

Date signed

RECEIVED

JUN 18 1945

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

06009

Reg. Dist. No. 110

## 1. PLACE OF DEATH:

County DorchesterCity or town Hurlock - Rural  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

near PitsburgHow long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Hurlock - Rural  
(If outside city or town limits, write RURAL and give nearest town)Street No. Near Pitsburg  
(If rural, give LOCATION)2.(a) If veteran, name war -

## 3.(a) FULL NAME

Beatrice M. Camper

## 3.(b) Social Security Number

None

## 4. Sex

Female

## 5. Color or race

Coloured

## 6.(a) Single, married, widowed, or divorced

Single6.(b) Name of husband or wife -7. Birth date of deceased (mo., day, yr.) December 13, 19276.(c) If alive, give age - years8. AGE: Years 17 Months 6 Days 7 If less than one day  
.....hrs. ....min.9. Birthplace Dorchester County Maryland  
(Town, county, and state)10. Usual occupation Student11. Industry or business Public School12. Name Otis Pinder13. Birthplace Dorchester County, Maryland14. Maiden name Daisy Jones15. Birthplace Church Creek, Maryland16. Informant Mrs. Daisy JonesAddress Hurlock, Maryland, R.F.D.17. Burial Date thereof July 3, 1945  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Salem CemeteryLocation Salem, Maryland18. Funeral director J. P. Frislington and SonAddress Federalsburg, Maryland19. July 3 - 1945 Charles Hastings  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 19 45, at 4:25 P. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 19 45, to June 19 45and that I last saw her alive on June 28 19 45Immediate cause of death Pulmonary Tuberculosis DURATION 1 yr +

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE William G. Harrison MD M. D. or otherAddress Hurlock Md. Date signed 6/30/45

RECEIVED  
JUL 9 1945  
BUREAU V.S.



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 445-4th St  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Shelma Clash

## 3. (b) Social Security Number

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

female colored married6.(b) Name of husband or wife Ben Clash

7. Birth date of deceased (mo., day, yr.)

6.(c) If alive, give age 47 yearsAugust 16 1912

8. AGE:

Years

Months

Days

If less than one day

32816

hrs.

min.

9. Birthplace

Cambridge Md  
(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

Company industry

FATHER

12. Name

Baynon Macintosh

MOTHER

13. Birthplace

Chapin Md

14. Maiden name

Shelma Haskins

15. Birthplace

Cambridge Md

16. Informant

George Clash

Address

445-4th St Cambridge Md

17.

(Burial, cremation, or removal. Which?)

Date thereof June 5 - 1945  
(month) (day) (year)

Cemetery or crematory

Cemetery

Location

Wright Chapel Cambridge Md

18. Funeral director

Lewis A Baynon

Address

Cambridge Md

19.

June 5<sup>th</sup> 1945

19

45John Maugh. M.D.

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1945, at 7:20 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 13June 21945and that I last saw him alive on June 2 1945

Immediate cause of death

Acute coronary fibrillation  
Arteriosclerosis  
Chronic Myocarditis

DURATION

2 mo4 day3 mo

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Carroll M St Clair M.D.

M. D. or other

Address

445-4th StDate signed 6-4-45

RECEIVED

RECEIVED

RECEIVED  
JUN 6 1945  
BUREAU T.S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County.....Dorchester  
 City or town.....Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....3 mos. 9 days  
 Hospital, institution, or street address where death occurred:  
Eastern Shore State Hospital  
 How long in hospital or institution?.....3 mos. 9 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State.....Maryland County.....Wicomico  
 City or town.....Salisbury  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION) ☒  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Irene Cudney

## 3. (b) Social Security Number

none

4. Sex.....Female  
 5. Color or race.....White  
 6.(a) Single, married, widowed, or divorced.....Widowed  
 6.(b) Name of husband or wife.....Sylvester Cudney  
 6.(c) If alive, give age.....years  
 7. Birth date of deceased (mo., day, yr.).....January 8 1854  
 8. AGE: Years.....91 Months.....5 Days.....16 If less than one day.....hrs. ....min.

9. Birthplace.....Woodstock New York  
 (Town, county, and state)  
 10. Usual occupation.....Housewife  
 11. Industry or business.....Own home  
 12. Name.....Joel Cudney  
 13. Birthplace.....Unknown Ashokun New York  
 14. Maiden name.....Jane Haver  
 15. Birthplace.....Unknown Ashokun New York

16. Informant.....Hospital Records  
 Address.....Cambridge Mar land  
 17. Burial, cremation, or removal. Which?.....Burial Date thereof.....June 26, 1945  
 (month) (day) (year)  
 Cemetery or crematorium.....First York  
 Location.....Near Parisburg, Md.  
 18. Funeral director.....Hallway & Co. Baltimore  
 Address.....570 E. Church St. Salisbury  
 19. Date read by registrar.....6/25/45 Registrar.....John M. D. D.

## MEDICAL CERTIFICATION

2D. DATE OF DEATH.....June 24 19.. 45 at 8:40A M  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
March 15 19.. 45 to June 24 19.. 45  
 and that I last saw him.....alive on June 22 19.. 45  
 Immediate cause of death.....Arteriosclerotic Cardiovascular  
disease  
Senility  
 Due to.....unknown  
 Due to.....  
 Other conditions.....Senile Psychosis 2 yrs  
Fractured Hip 18 mos.  
 (Include pregnancy within 3 months of death)  
 Major findings of operations.....  
 Date of op.....  
 Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?..... (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?  
 23. SIGNATURE.....Grace M. Branscombe M.D. or other  
 Address.....Cambridge, Md. Date signed.....June 24

RECEIVED  
JUL 2 1945  
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 58 years  
 Hospital, institution, or street address where death occurred:  
Cambridge Md. Hospital  
 How long in hospital or institution? 3 mo.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)  
 State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 314 Maryland Ave.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Rosa Barth Staggett

## 3. (b) Social Security Number

217-07-2874

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Divorced

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

August 7-1886

## 8. AGE:

Years	Months	Days	If less than one day
58	10	12	hrs. min.

## 9. Birthplace

Cambridge

## 10. Usual occupation

Housewife

## 11. Industry or business

Wm. Herman Barth

## 12. Name

Germany

## 13. Birthplace

Anna Fisher Barr

## 14. Maiden name

Balto., Md.

## 15. Birthplace

Eleanor H. Murphy

## 16. Informant

Cambridge, Md.

## 17. Burial, cremation, or removal. Which?

Burial Date thereof June 22, '45

## 18. Cemetery or crematory

Dorchester Memorial Park

## 19. Location

Cambridge, Md.

## 20. Funeral director

Kenneth R. Thomas

## 21. Address

Cambridge, Md.

## 22. (Date rec'd by registrar)

6/22/45 to Phil M. J. M.D.

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 19 1945 3:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1944 to June 19 1945

and that I last saw him alive on June 19 1945

## Immediate cause of death

Metastatic carcinoma  
Due to Carcinoma of the cervix uteri

## DURATION

March 1944  
March 1945

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

## Means of injury

## Injured at work?

## 23. SIGNATURE

L. O. Wendt, M.D. M. D. or other

Address Cambridge, Maryland Date signed June 26, 1945

RECEIVED

U.S. DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

MEDICAL CERTIFICATION

RECEIVED

JUN 25 1945

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age of deceased is shown on

# Evidence for change of age MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(92-d)

06013



Reg. Dist. No. 111

FILM NO. G 96 JUL 10 1945

## CERTIFICATE OF DEATH

### 1. PLACE OF DEATH:

County DorchesterCity or town Secretary  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 3. (a) FULL NAME

John A. Fleasler

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Sept 3 1906

8. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

383999hrs.min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. June 25  
(Date rec'd by registrar)19. 45 Elizabeth C. Smith  
Registrar

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

### 3. (b) Social Security Number

### MEDICAL CERTIFICATION

20. DATE OF DEATH

June 23 1945 at 1 PM M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

did not attend to 19

and that I last saw him alive on

Immediate cause of death apparently  
Cerebral embolus

DURATION

Immediate

Due to

chronic endocarditis  
and myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. H. Harrison MD  
Quillock, Md

M. D. or other

Date signed June 24 45

CERTIFICATE OF DEATH

RECEIVED  
JUN 28 1945  
BUREAU V.R.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

06014  
Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
301 Peachblossom Ave.  
How long in hospital or institution? -

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 301 Peachblossom Ave.  
(If rural, give LOCATION)  
2.(a) If veteran, name war -

### 3. (a) FULL NAME

Edgar Horseman

### 3. (b) Social Security Number

-

#### 4. Sex

Male

#### 5. Color or race

White

#### 6. (a) Single, married, widowed, or divorced

Married

### 6. (b) Name of husband or wife Annie Miller Horseman

6. (c) If alive, give age 62 years

### 7. Birth date of deceased (mo., day, yr.) Feb. 9, 1874.

#### 8. AGE:

Years 71

Months 4

Days 11

If less than one day  
.....hrs. ....min.

### 9. Birthplace Mardella, Wicom. Co., Maryland. (Town, county, and state)

### 10. Usual occupation Machinist

### 11. Industry or business Food Canning

### 12. Name Frank Horseman

### 13. Birthplace Maryland.

### 14. Maiden name Annie Majors

### 15. Birthplace Maryland

### 16. Informant Mrs. Annie Horseman

Address 301 Peachblossom Ave, Cambridge

### 17. Burial Burial Date thereof June 23, 1945 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dorchester Memorial Park

Location Cambridge, Maryland.

### 18. Funeral director LeCompte's Funeral Service Address Cambridge, Maryland.

### 19. 6/23/45 John M. J. M.D. (Date rec'd by registrar) (Registrar)

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 20, 45 at 10:20P

### 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 7, 45 to June 20, 45  
and that I last saw him alive on June 20, 45

### Immediate cause of death

Coronary Thrombosis DURATION 4 days

Due to Arteriosclerosis

generalized

Due to Debility

Other conditions Debility

(Include pregnancy within 3 months of death)

### Major findings of operations

..... Date of op. ....

### Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

### 22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide no. Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

### 23. SIGNATURE

John M. J. M.D. M. D. or other  
Address Cambridge Md. Date signed 6/23/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED  
JUL 2 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 740

## CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH: Dorchester  
 County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....Maryland..... County.....Dorchester  
 City or town.....Hurlock  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....7nd  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

3. (a) FULL NAME  
John B. Hurlock

3. (b) Social Security Number

4. Sex.....Male..... 5. Color or race.....white..... 6.(a) Single, married, widowed, or divorced.....Widower

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.).....Oct 21st 1856..... 6.(c) If alive, give age..... years

8. AGE: Years.....88..... Months.....8..... Days..... If less than one day..... hrs. .... min.

9. Birthplace.....2nd  
 (Town, county, and state)

10. Usual occupation.....Retired Farmer

11. Industry or business.....

12. Name.....John Martin Hurlock

13. Birthplace.....2nd

14. Maiden name.....Elizabeth Wright

15. Birthplace.....2nd

16. Informant.....Barney Hurlock

Address.....Hurlock

17. (Burial, cremation, or removal, which?).....Burial..... Date thereof.....June 26 1945  
 (month) (day) (year)

Cemetery or crematory.....Cemetery

Location.....Hurlock

18. Funeral director.....F.B. McLaughlin

Address.....Hurlock

19. (Date rec'd by registrar).....June 26 - 45..... Registrar.....Chas W Hastings

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....June 23..... 19.....45..... at.....9:30 A.....

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from.....June 23..... 19.....45..... to.....June 23..... 19.....45..... and that I last saw him alive on.....June 21..... 19.....45.....

Immediate cause of death.....Coronary thrombosis..... DURATION.....1 hour

Due to.....General arteriosclerosis..... 5 yrs +

Due to.....

Other conditions.....

(Include pregnancy within 5 months of death)

Major findings of operations.....

..... Date of op. ....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE.....W. C. Harrison M.D...... M. D. or other

Address.....Hurlock Md...... Date signed.....6/27/45.....

RECEIVED  
JUL 9 1945  
BUREAU V. R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Rural Rte #2, Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 mo. 13 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 4 mo. 13 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural- Bishop's Head  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

McClelland E. Jones

4. Sex \_\_\_\_\_ 5. Color or race \_\_\_\_\_ 6.(a) Single, married, widowed, or divorced \_\_\_\_\_

Male White Widowed6.(b) Name of husband or wife Susan Moore

6.(c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) XXXXXX April 30, 18628. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
83 1 59. Birthplace Bishop's Head, Dorchester, Maryland  
(Town, county, and state)10. Usual occupation Fisherman

11. Industry or business \_\_\_\_\_

12. Name Robert F. Jones13. Birthplace Bishop's Head, Md.14. Maiden name Emily Bramble15. Birthplace Bishop's Head, Md.16. Informant Hosp. Record-Robt. A. JonesAddress Bishop's Head, Md.17. Burial \_\_\_\_\_ Date thereof June 8, 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Thomas CemeteryLocation Bishops Head, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. June 8<sup>th</sup> 1945 John Mace Jr. M.D.  
(Date rec'd by registrar) Registrar

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 19 45, at 2:00 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 22 19 45, to June 5 19 45, and that I last saw him alive on June 4 19 45Immediate cause of death \_\_\_\_\_ DURATION \_\_\_\_\_  
Chronic myocarditis and myocardial 6 yrs.  
deteriorationDue to Arteriosclerosis 15 yrs.

Due to \_\_\_\_\_

Other conditions Senile Psychosis 3 yrs.

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Charles V. Taylor M.D. M. D. or other \_\_\_\_\_Address E.S.H. Cambridge, Md. Date signed 6/5/45

RECEIVED  
JUN 12 1945  
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

## CERTIFICATE OF DEATH

06017

Reg. Dist. No. LL6

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Rural--Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

RFD # 2How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural--Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. RFD # 2

(If rural, give LOCATION)

2(a) If veteran, name war -

## 3. (a) FULL NAME

Walter David Jones

## 3. (b) Social Security Number

-

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Nettie Warfield Jones6. (c) If alive, give age 44 years7. Birth date of deceased (mo., day, yr.) May 7, 1889

8. AGE: Years 56 Months 1 Days 8 It less than one day  
 hrs. min.

9. Birthplace Bishops Head, Dor. Co., Md.  
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Dirt12. Name Alfred R. Jones13. Birthplace Maryland.14. Maiden name Mary A. Moore15. Birthplace Maryland.16. Informant Mrs. Nettie JonesAddress RFD # 2, Cambridge, Maryland.17. Burial Burial Date thereof June 18, 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. June 16, 1945 John M. J. M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 15, 1945 at 6:50A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Death on arrivaland that I last saw him alive on 19Immediate cause of death Coronary Occlusion

DURATION

1 1/2 hours

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None deemed necessary

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

Eldridge H. Wolff M.D.23. SIGNATURE Eldridge H. Wolff M.D.Address Cambridge, Md. Date signed 6-15-45



RECEIVED

JUN 18 1945

BUREAU V.S.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (134)

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Rural--Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? -

Hospital, institution, or street address where death occurred:

Home--RFD # 3How long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural--Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. Cambridge RFD # 3  
(If rural, give LOCATION)2.(a) If veteran, name war -

## 3. (a) FULL NAME

Louise Mainer

## 3. (b) Social Security Number

-

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Clarence Bell Mainer8. (c) If alive, give age 85 years7. Birth date of deceased (mo., day, yr.) April 18, 1865.8. AGE: Years 80 Months 1 Days 20 If less than one day  
.....hrs. ....min.9. Birthplace RFD # 3, Cambridge, Maryland.  
(Town, county, and state)10. Usual occupation Domestic11. Industry or business HomeFATHER 12. Name Levin E. Bromwell13. Birthplace MarylandMOTHER 14. Maiden name Mary Jane Seward15. Birthplace Maryland16. Informant Mr. Banie MillsAddress Cambridge, RFD # 3, Maryland.17. Burial Date thereof June 10, 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greenlawn CemeteryLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. June 10--1945 John M. J. M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 8, 1945, at 8:45 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
March 31, 1945, to June 8, 1945,  
and that I last saw her alive on June 5th, 1945.

Immediate cause of death

Presmia  
Cerebral Accident With  
Due to Left Semi-plegia

## DURATION

4 daysDue to arteriosclerotic Cardio-vascular Renal Disease

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldridge Heffelford M.D.Address Cambridge, Md. Date signed 5-9-45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

06018

CERTIFICATE OF DEATH

1. Name of deceased

2. Sex

3. Age

4. Date of death

5. Place of death

6. Cause of death

7. Duration of illness

8. Signature of physician

9. Signature of registrar

10. Date of registration

MEDICAL CERTIFICATION

RECEIVED  
JUN 12 1945  
BUREAU V.B.

OFFICE OF VETERANS AFFAIRS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3/2)

## CERTIFICATE OF DEATH

06019

★  
Reg. Dist. No. 116

1. PLACE OF DEATH: *Dorchester*  
County *Cambridge R. F. D. #3*  
City or town *(If outside city or town limits, write RURAL and give nearest town)*  
How long in above place of death? *33 years*  
Hospital, institution, or street address where death occurred *Cambridge Maryland Hospital*  
How long in hospital or institution? *8 1/2 hours*

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State *Maryland* County *Dorchester*  
City or town *Cambridge R. F. D. #3*  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. *Rural (Morris Creek)*  
(If rural, give LOCATION)  
2.(a) If veteran, name war *none*

3. (a) FULL NAME *Samuel Francis Mathewson* 3. (b) Social Security Number *217-14-8980*

4. Sex *Male* 5. Color or race *White* 6.(a) Single, married, widowed, or divorced *married*  
8. AGE: Years *80* Months *0* Days *26* If less than one day  
7. Birth date of deceased (mo., day, yr.) *May 27-1865*

9. Birthplace *New Castle Co., Del.*  
(Town, county, and state)

10. Usual occupation *Supervisor of Town Estate*

11. Industry or business

12. Name *Griebert Mathewson*

13. Birthplace *New Castle Co. Del.*

14. Maiden name *Elizabeth Walker*

15. Birthplace *Ireland*

16. Informant *Mrs. S. F. Mathewson*

Address *Cambridge Md. R.D. #3*

17. (Burial, cremation, or removal. Which?) *Burial* Date thereof *6-26-45* (month) (day) (year)

Cemetery or crematorium *Silver Brook*

Location *Wilmington, Del.*

18. Funeral director *Jas. T. Chandler & Son*

Address *Wilmington, Del. by R.P. THOMAS*

19. *6/25/45* (Date rec'd by registrar)

Registrar *John M. ...*

## MEDICAL CERTIFICATION

20. DATE OF DEATH *June 23* 19 *45* at *5:30 A.M.*

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *June 18* 19 *45* to *June 23* 19 *45* and that I last saw him alive on *June 22nd* 19 *45*

Immediate cause of death *uremia*

Due to *arteriosclerotic Cardio-vascular Renal Disease*

Due to *Diabetes Mellitus (mild)*

Other conditions *(Include pregnancy within 3 months of death)*

Major findings of operations *None*

Antopsy results *None*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Eldridge H. ...*

Address *Cambridge Md.* Date signed *6-28-45*

RECEIVED  
JUL 2 1945  
BUREAU V. B.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore *BD*

## CERTIFICATE OF DEATH

Reg. Dist. No. *115*

*706020*

### 1. PLACE OF DEATH:

County *Rockville*  
City or town *Golden Hill - Church Creek*  
(If outside city or town limits, write RURAL NEAR and give town)  
Street address, hospital, or institution: *Home*  
Stay in hospital or inst. (yrs., or mos., or days) *no*  
Stay in this community (yrs., or mos., or days) *8 1/2*

### 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State *Maryland* County *Rochester*  
City or town *Golden Hill - Church Creek*  
(If outside city or town limits, write RURAL NEAR and give town)  
Street No. *Meekins Creek*  
(If rural give LOCATION)  
2(a) IF VETERAN, NAME WAR *no*

### 3. (a) FULL NAME

*Hennir Elita Meekins*

### 3. (b) Social Security Number

*no*

4. Sex *Female* 5. Color or race *colored* 6. (a) Single, married, widowed, or divorced *married*

6 (b) Name of husband or wife *Wm W. Meekins*

6 (c) If alive, give age *57* years

7. Birth date of deceased (mo., day, yr.) *June - 9 - 1872*

8. AGE: Years *72* Months *11* Days *28* If less than one day hrs. min.

9. Birthplace *Golden Hill, Maryland*  
(Town, county, and state)

10. Usual occupation *House wife*

11. Industry or business *own home*

12. Name *Bill Pritchett*

13. Birthplace *Crapo, Md.*

14. Maiden name *Jane Pritchett*

15. Birthplace *Crapo, Md.*

16. Informant *Gene Johnson*

Address *Golden Hill Church Creek Md.*

17. *Buried* Date thereof *June 10 - 1945*  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory *Meekins Creek Church*

Location *Meekins Creek Md.*

18. Funeral director *Louis Bayneum*

Address *Cambridge, Md.*

19. *June 7* 19 *45* *James D. Meade*  
(Date rec'd by registrar) (year) (month) (day) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH *June 7* 19 *45*, at *8:30* A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *June 7* 19 *45*, to *June 7* 19 *45*, and that I last saw her alive on *June 6* 19 *45*.

Immediate cause of death *Cardiac - Renal - Vascular disease with*

Due to *Hypertension*

Due to *2 yrs*

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *James D. Meade M.D.*

Address *Golden Hill Church Creek Md.* Date signed *June 7/45*

### PHYSICIAN

Please underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 11 1966  
BUREAU V.A.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

06021

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 Years

Hospital, institution, or street address where death occurred:

Cambridge Maryland HospitalHow long in hospital or institution? 5 Days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. Maryland Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war -

## 3. (a) FULL NAME

Minerva Virginia Mulligan

## 3. (b) Social Security Number

-

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>
-------------------------	----------------------------------	--

6. (b) Name of husband or wife Patrick F. Mulligan  
(Deceased)7. Birth date of deceased (mo., day, yr.) 1874

8. AGE: Years <u>71</u>	Months	Days	It less than one day ..... hrs. .... min.
----------------------------	--------	------	--

9. Birthplace Baltimore City, Maryland.  
(Town, county, and state)10. Usual occupation Domestic11. Industry or business Home

FATHER	12. Name <u>John Coleman</u>
	13. Birthplace <u>Maryland</u>

MOTHER	14. Maiden name <u>Anna Wills</u>
	15. Birthplace <u>Maryland</u>

16. Informant Dr. T. C. Mulligan  
Address Dover, Delaware17. Burial Date thereof June 9, 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Dorchester Memorial ParkLocation Cambridge, Maryland.18. Funeral director LeCompte's Funeral Service  
Address Cambridge, Maryland.19. June 9 - 1945 John M. J. M.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 7, 1945, at 1:15 A M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 2 1945, to June 7 1945, and that I last saw her alive on June 7 1945Immediate cause of death Lobar Pneumonia Bilat. DURATION 1 week  
andDue to uremia 1 day

Due to

Other conditions Arterio Sclerotic  
Cardiovascular Atrial Fibril?  
(Include pregnancy within 3 months of death)Major findings of operations - Date of op. -Autopsy results -  
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide - Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldridge H. Heston M.D. or other  
Address Cambridge Md. Date signed 6-8-45



RECEIVED

JUN 12 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (126)

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 3 dayHospital, institution, or street address where death occurred:  
Cambridge Maryland HospHow long in hospital or institution? 3 day

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 36 Robbins Street  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

David Robinson

## 3. (b) Social Security Number

4. Sex male5. Color or race colored6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Minnie Robinson

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) April 3, 19768. AGE: Years 69 Months 2 Days 20 If less than one day..... hrs. .... min.9. Birthplace North Carolina  
(Town, county, and state)10. Usual occupation preacher

11. Industry or business

12. Name David Robinson13. Birthplace North Carolina14. Maiden name —15. Birthplace —18. Informant Hospital Record

Address

17. Burial Date thereof 6/26/45  
(Burial, cremation, or removal Which?) (month) (day) (year)Cemetery or crematory Bible CemeteryLocation Cambridge, Md.18. Funeral director Lewis BayneAddress Cambridge, Md.19. 6/25 45 John M. G. M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 19 45 at 1700 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 11 19 45 to June 23 19 45and that I last saw him alive on June 22 19 45Immediate cause of death Acute suppurative pneumonia

## DURATION

2 wksDue to Acute cholangitis andcommon duct stoneDue to not known

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature Abner E. Bunker, M.D.Address Cambridge Md.Date signed 6-23-45

RECEIVED  
JUL 2 1945  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1342)

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Dorchester  
City or town Rural--Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 45 Years  
Hospital, institution, or street address where death occurred:  
RFD # 2  
How long in hospital or institution? -

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Rural Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. RFD # 2  
(If rural, give LOCATION)  
2.(a) If veteran, name war -

### 3. (a) FULL NAME

Nettie Jeanette Davy Richardson

### 3. (b) Social Security Number

-

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Joseph Peters Died 1909  
Milton Richardson Died 1935

7. Birth date of deceased (mo., day, yr.) Dec. 17, 1870

8. AGE: Years 74 Months 6 Days 1 If less than one day - hrs. - min.

9. Birthplace Toronto, Canada  
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business Home

FATHER 12. Name John Davy  
13. Birthplace Canada

MOTHER 14. Maiden name Sarah  
15. Birthplace Canada

16. Informant Mrs. Florence Bradley  
Address Cambridge, RFD # 2, Maryland.

17. Burial Burial Date thereof June 21, 1945  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cambridge Cemetery

Location Cambridge, Maryland.

18. Funeral director LeCompte's Funeral Service  
Address Cambridge, Maryland.

19. 6/21/45 John M. J. [Signature]  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH June 18, 1945 at 10:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1944 to June 1945 and that I last saw him alive on June 1945

Immediate cause of death Angio-Cardiac DURATION 6 hr

Due to Coronary - Reme

Due to Coronary

Other conditions -

(Include pregnancy within 8 months of death)

Major findings of operations -

Date of op. -

Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? - (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

Means of injury - Injured at work? -

23. SIGNATURE [Signature] M. D. or other -

Address - Date signed 6/21/45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 25 1945

BUREAU V.E.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of color is shown on

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(44-a)

06024

FILM G 96 JUL 10 1945

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

### 1. PLACE OF DEATH:

County Dorchester  
City or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 60 years  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Cambridge, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. 110 Church St.  
(If rural, give LOCATION)  
2. (a) If veteran, name war none

### 3. (a) FULL NAME

William E. Robbins

### 3. (b) Social Security Number

none

#### 4. Sex

male

#### 5. Color or race

White

#### 6. (a) Single, married, widowed, or divorced

#### 6. (b) Name of husband or wife

Helen Robbins

#### 7. Birth date of deceased (mo., day, yr.)

March 12 - 1878

#### 8. AGE:

Years 67 Months 6 Days 10 If less than one day  
hrs. min.

#### 9. Birthplace

Baltimore  
(Town, county, and state)

#### 10. Usual occupation

Printer

#### 11. Industry or business

Wm. H. Robbins

#### FATHER

#### 12. Name

Wm. H. Robbins

#### 13. Birthplace

Doc. Co

#### MOTHER

#### 14. Maiden name

Mary Owens

#### 15. Birthplace

Balto., Md

#### 16. Informant

Mrs. Helen Robbins

#### Address

Cambridge, Md

#### 17. Burial

Burial Date thereof 6-24-45  
(Burial, cremation, or removal, Which?) (month) (day) (year)

#### Cemetery or crematory

Christ Church

#### Location

Cambridge, Md

#### 18. Funeral director

Kenneth R. Thomas

#### Address

Cambridge, Md.

#### 19. (Date rec'd by registrar)

6/23/45

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 22 19 45 at 1:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

6-22 19 45, to 6-22 19 45

and that I last saw him alive on 6-22 19 45

Immediate cause of death Coronary heart

DURATION 3 hr

Due to arterio-sclerosis

Due to arterio-sclerosis

Other conditions arterio-sclerosis

(Include pregnancy within 8 months of death)

Major findings of operations none

Date of op. none

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide none Date of none

Where did injury occur? none (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) none

Means of injury none Injured at work? none

23. SIGNATURE John Mace Jr. Md.

Address Cambridge, Md. M. D. or other 6-23

Date signed 6-23

RECORDED  
JUL 2 1945  
BUREAU V. B.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B-6

## CERTIFICATE OF DEATH

06026  
★ 115  
Reg. Dist. No.

### 1. PLACE OF DEATH:

County Dorchester  
City or town Hooperville  
(If outside city or town limits, write RURAL NEAR and give town)  
Street address, hospital, or institution: Home  
Stay in hospital or inst. (yrs., or mos., or days) \_\_\_\_\_  
Stay in this community (yrs., or mos., or days) Life

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Dorchester  
City or town Hooperville Ward No. \_\_\_\_\_  
(If outside city or town limits, write RURAL NEAR and give town)  
Street No. \_\_\_\_\_ (If rural give LOCATION)  
2(e) IF VETERAN, NAME WAR no

### 3. (a) FULL NAME

Herman Andrew Roro.

### 3. (b) Social Security Number

217-12-4488

4. Sex male 5. Color or race caucasian 6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Sig. Roro

6 (c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) Sept. 12-1910

8. AGE: Years 34 Months 11 Days — It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Hooperville, Md.  
(Town, county, and state)

10. Usual occupation Waterman

11. Industry or business seafood

12. Name Dr. Bailey Roro

13. Birthplace Hooperville, Md.

14. Maiden name Edda Thomas Jones

15. Birthplace Hooperville, Md.

16. Informant Sig. Roro

Address Hooperville, Md.

17. Burial Date thereof June 15, 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Hooperville, Md.

Location Hooperville, Md.

18. Funeral director Louis Bayneum

Address Cambridge, Md.

19. June 13, 1945 19. James C. Meade

(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

2D. DATE OF DEATH June 12, 1945, at 5:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1, 1945, to June 12, 1945, and that I last saw him alive on June 12, 1945.

Immediate cause of death Tuberculosis of Lung DURATION 2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Di operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE James C. Meade, M.D.

Address Fishing Creek, Md. Date signed June 13, 1945

### PHYSICIAN

Please underline the cause to which death should be charged statistically.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

RECEIVED  
JUN 18 1945  
BUREAU. Y. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06025

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH: Dorchester  
 County.....  
 City or town.....Cambridge R2D 1  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....40 years  
 Hospital, institution, or street address where death occurred:  
 .....  
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State.....Maryland County.....Dorchester  
 City or town.....Cambridge R2D 1  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....none

3. (a) FULL NAME Martin Schuor

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife.....Emma Schuor

7. Birth date of deceased (mo., day, yr.) Dec 27, 1858 6. (c) If alive, give age..... years

8. AGE: Years 86 Months 6 Days 11 It less than one day..... hrs. .... min.

9. Birthplace.....Schleswig-Holstein, Germany  
 (Town, county, and state)

10. Usual occupation.....Farmer

11. Industry or business.....

FATHER 12. Name.....Unknown  
 13. Birthplace.....

MOTHER 14. Maiden name.....Unknown  
 15. Birthplace.....

16. Informant.....Marj Schuor  
 Address.....Cambridge, Md. R7D

17. Burial.....Burial Date thereof.....June 10, 45  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory.....Greenlawn  
 Location.....Cambridge Md.

18. Funeral director.....Kenneth R. Thomas  
 Address.....Cambridge, Md.

19. 6/15/45 19 45 Greenlawn  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....June 8 19 45 at 2:30 A M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from  
June 7 19 45, to June 8 19 45,  
 and that I last saw him alive on June 8 19 45  
 Immediate cause of death.....

Left Cerebral Hemorrhage DURATION 12 hrs.

Due to Arteriosclerosis

Due to Senility

Other conditions.....Generalized Hypertension  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op.....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following.....Inv.  
 Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....  
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....[Signature]

Address.....Cambridge Md. M. D. or other  
 Date signed.....6/9/45

RECORDED

JUN 12 1945

BUREAU Y. R.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92

## CERTIFICATE OF DEATH

06027

Reg. Dist. No. 111

## 1. PLACE OF DEATH:

County Worcester  
 City or town East New Market  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State \_\_\_\_\_ County \_\_\_\_\_

City or town \_\_\_\_\_  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

William M. Sellers

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, or divorced

Male white married

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) August 22 1884  
 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 59 Months 10 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

8. Birthplace MD  
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Farming12. Name James Edward Sellers13. Birthplace MD14. Maiden name Anna E. Moore15. Birthplace MD16. Informant Mrs William SellersAddress East New Market17. Burial Date thereof June 13 1945

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CemetaryLocation East New Market18. Funeral director F.B. WilloughbyAddress East New Market19. June 12 1945 Elizabeth C. Smith

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH June 10 1945 at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 3 1945 to June 10 1945and that I last saw him alive on June 9 1945Immediate cause of death lung cancerDURATION 4 weeksDue to ChronicDue to yearsOther conditions heart diseasearteriosclerotic(Include pregnancy within 3 months of death) year

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE R. D. Brown MDAddress East New Market Date signed 6/12/45

RECEIVED

JUN 28 1945

BUREAU V.S.



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 57D

## CERTIFICATE OF DEATH

Reg. Dist. No. 06028 216

## 1. PLACE OF DEATH:

County HarfordCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County HarfordCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 1000  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Eddie Smart

## 3. (b) Social Security Number

4. Sex m 5. Color or race col6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife

7. Birth date of Feb 27, 1904 6. (c) If alive, give age 41 years

deceased (mo., day, yr.)

8. AGE: Years 41 Months 0 Days 0 If less than one day  
hrs. 0 min. 09. Birthplace Winter Haven, Florida  
(Town, county, and state)10. Usual occupation General Laborer11. Industry or business Transient labor - going from place to place12. Name John Smart13. Birthplace MD14. Maiden name Bailey15. Birthplace MD16. Informant Edw BaileyAddress Isa17. Burial Date thereof 6-2-45

(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Winter Haven Branch CemeteryLocation Cambridge, Md.18. Funeral director W. H. D. & SonAddress Cambridge, Md.19. June 2, 1945 19 45(Date rec'd by registrar) Registrar John H. H. & Son

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 1, 1945 at 6:30 P. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 22, 1945 to June 1, 1945and that I last saw him alive on June 1, 1945Immediate cause of death Myocardial Extension DURATION 8 daysMalignancy of Penis ?

Due to

Due to

Other conditions Central Nervous System Syphilis

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

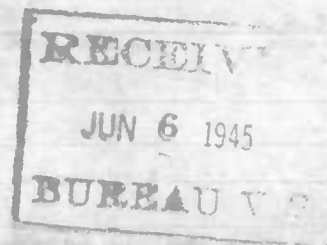
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldridge H. H. & SonAddress Cambridge, Md. Date signed 6-2-45

266

176



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130)

## CERTIFICATE OF DEATH

Reg. Dist. No. 112

## 1. PLACE OF DEATH:

County Dorchester  
 City or town Vienna, R.D.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime.  
 Hospital, institution, or street address where death occurred:  
No Hospital.  
 How long in hospital or institution? No institution.

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland. County Dorchester  
 City or town Vienna, R.D.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Vienna, R.D., Maryland.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None.

## 3. (a) FULL NAME

Lewis H. Thompson

## 3. (b) Social Security Number

None.

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Alvill Thompson 6.(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) April 4 1892

8. AGE: Years 53 Months 10 Days 11 less than one day hrs. min.

9. Birthplace Back neck (Town, county, and state)

10. Usual occupation farmer

11. Industry or business farmer

12. Name Walter J. Thompson

13. Birthplace nd

14. Maiden name Catherine Hight

15. Birthplace nd

16. Informant Alvill Thompson

Address Back neck nd

17. (Burial, cremation, or removal. Which?) Date thereof June 6 1945 (month) (day) (year)

Cemetery or crematory Back neck

Location Back neck

18. Funeral director Lewis H. Bazner

Address Cambridge nd

19. June 4 1945 (Date rec'd by registrar) Elizabeth Craft Registrar

## MEDICAL CERTIFICATION

P.

20. DATE OF DEATH June 3rd., 1945. 19 2:20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1st., 1945 to May 25th., 1945

and that I last saw him alive on May 25th., 1945

Immediate cause of death Acute Bright's Disease DURATION 3 months.

Due to Cold, exposure, wet, chilled.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Edward E. Lamkin Address Vienna, R.D. Date Signed

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
JUN 6 1945  
BUREAU VS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore <sup>462</sup>

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: Dorchester  
 County Cambridge  
 City or town 23 years  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Dorchester  
 City or town Cambridge  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 10 Ross Street  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war none

3. (a) FULL NAME  
Levuina T. Travers

3. (b) Social Security Number  
none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed  
 6. (b) Name of husband or wife Frank Travers  
 7. Birth date of deceased (mo., day, yr.) Feb. 5, 1863 6. (c) If alive, give age 82 years  
 8. AGE: Years 82 Months 3 Days 27 If less than one day hrs. min.

9. Birthplace Madison, Md.  
 (Town, county, and state)  
 10. Usual occupation Homemaker

11. Industry or business  
 FATHER 12. Name Henry Thomas  
 13. Birthplace Dorchester Co.

MOTHER 14. Maiden name Elizabeth Frazier  
 15. Birthplace Dorchester Co.

16. Informant Mrs. Lake R. Travers  
 Address Madison, Md.

17. Burial June 5, 1945  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Joppa Churchyard  
 Location Madison, Md.  
Kenneth R. Thomas

18. Funeral director Cambridge, Md.  
 Address

19. June 4<sup>th</sup> 45 John Thomas B.  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 2, 1945, at 2:50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 3<sup>rd</sup> 1945 to May 2 1945  
 and that I last saw her alive on May 18 1945

Immediate cause of death Cardiovascular  
insignificance (negligible) DURATION 2 not  
 Due to Advanced arteriosclerosis ?  
 Due to ?  
 Other conditions Senility ?  
 (Include pregnancy within 3 months of death)

Major findings of operations ?

Date of op. ?

Autopsy results ?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ? Date of ?

Where did injury occur? ? (City or town) (Country) (State)

Injured at home, farm, industry, public place (where?) ?

Means of injury ? Injured at work? ?

23. SIGNATURE Eldridge H. H. H. M. D. or other ?

Address Cambridge, Md. Date signed 6-2-45

CERTIFICATE OF DEATH

RECEIVED  
JUN 6 1945  
BUREAU



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9)

## CERTIFICATE OF DEATH

06032

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 22 days

Hospital, institution, or street address where death occurred:

Eastern Shore State HospitalHow long in hospital or institution? 22 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County TalbotCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION) ✓

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mary A. Trehearn

## 3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

6. (b) Name of husband or wife Robert Trehearn7. Birth date of deceased (mo., day, yr.) 1868 6. (c) If alive, give age \_\_\_\_\_ years8. AGE: Years Months Days If less than one day  
76 \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace New Jersey  
(Town, county, and state)10. Usual occupation None

11. Industry or business

12. Name Smith13. Birthplace Unknown14. Maiden name Unknown15. Birthplace Unknown16. Informant Hospital RecordsAddress E.S.S.H., Cambridge, Md.17. Burial Date thereof June 16, 1945  
(Burial, cremation, or removal, which?) (month) (day) (year)Cemetery or crematory Laurel DelLocation Laurel Del18. Funeral director Maurice E. HewnamAddress Easton Md19. June 14, 1945 John M. J. M.D. Registrar  
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 14, 1945 at 7:40 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 23, 1945 to June 14, 1945and that I last saw her alive on June 14, 1945Immediate cause of death Arteriosclerosis & Hypertension DURATION Unknown.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Senile Psychosis 12 yrs.

(Include pregnancy within 8 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE \_\_\_\_\_

Grace M. Branscombe, M.D. M.D. or other  
Address E.S.S.H., Cambridge, Md. Date signed 6/14/45

MASSACHUSETTS STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

JUN 18 1945

BUREAU V.E.

Address..... Date signed.....

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 25 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 742

## CERTIFICATE OF DEATH

06033

★ 116  
Reg. Dist. No.

## 1. PLACE OF DEATH:

County DorchesterCity or town Cambridge Hospital  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 13 days

Hospital, institution, or street address where death occurred:

Cambridge - Maryland HospitalHow long in hospital or institution? 13 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town.....  
(If outside city or town limits, write RURAL and give nearest town)Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

George Wason

## 3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6.(a) Single, married, widowed, or divorced

widowed

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

February 18, 1879

8. AGE:

Years

Months

Days

If less than one day

6649

.....hrs. ....min.

9. Birthplace

Dorchester Co. Harlock, Maryland  
(Town, county, and state)

10. Usual occupation

Tax Assessor

11. Industry or business

FATHER

12. Name

George Wason

13. Birthplace

Cambridge

14. Maiden name

Mary Frances Harper

15. Birthplace

Harlock Dorchester Co. Md.

16. Informant

Address

Mrs. Mary GayHarlock, Md.

17.

(Burial, cremation, or removal. Which?)

Date thereof

June 30 1945  
(month) (day) (year)

Cemetery or crematory

Cambridge

Location

Cambridge

18. Funeral director

Address

F. B. WilloughbyHarlock

19.

(Date rec'd by registrar)

June 3019 45

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 27 19 45 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 14 19 45 to June 27 19 45and that I last saw him alive on June 27 19 45

Immediate cause of death

Coronary occlusion

DURATION

13 days

Due to.....

Due to.....

Other conditions

Cerebral accidentRt.

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.....

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Eldridge H. H. Bell

M. D. or other

Address

Cambridge, Md.

Date signed

6-28-45

RECEIVED  
JUL 5 1945  
BUREAU V.E.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

## 1. PLACE OF DEATH:

County DorchesterCity or town Rural--Church Creek  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? -Hospital, institution, or street address where death occurred:  
RFD Buntings NeckHow long in hospital or institution? -

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County DorchesterCity or town Rural--Church Creek  
(If outside city or town limits, write RURAL and give nearest town)Street No. Buntings Neck  
(If rural, give LOCATION)2. (a) If veteran, name war -

## 3. (a) FULL NAME

Effie J. Wroten

## 3. (b) Social Security Number

-4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife Sewell Wroten  
(Deceased 1932) 6. (c) If alive, give age - years7. Birth date of deceased (mo., day, yr.) March 2, 1863.8. AGE: Years 82 Months 3 Days 1 If less than one day - hrs. - min.9. Birthplace Baltimore City, Maryland  
(Town, county, and state)10. Usual occupation Domestic11. Industry or business HomeFATHER 12. Name Joseph E. Moore13. Birthplace MarylandMOTHER 14. Maiden name Margaret E. Moore15. Birthplace Maryland16. Informant Mr. G. WrotenAddress Church Creek, Maryland.17. Burial Date thereof June 5, 1945.  
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Family Burial LotLocation Church Creek, Maryland18. Funeral director LeCompte's Funeral ServiceAddress Cambridge, Maryland.19. June 5, 1945 John M. J. M.D.  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH June 3, 1945, at 2:30 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 22 1945, to June 3 1945, and that I last saw her alive on May 26 1945.Immediate cause of death Myocardial infarction DURATION 3 yrs.Due to Coronary atherosclerosis General arteriosclerosis 15 yrs.Due to -Other conditions Senility  
from both the heart & nervous system  
(Include pregnancy within 8 months of death)Major findings of operations -Date of op. -Autopsy results -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -Where did injury occur? - (City or town) (County) (State)Injured at home, farm, industry, public place (where?) -Means of injury - Injured at work? -23. SIGNATURE Albert K. Brubaker, M.D. M. D. or otherAddress - Date signed -

RECEIVED  
JUN 7 1945  
BUREAU V.S.